|  |  |
| --- | --- |
|  | http://euhnotes.eushc.org/icons/ecblank.gif |
| **Emory University Hospital** **Emory Transplant Center Policies & Procedures** | **Activated:** 05/04/2015 |
| **Section:** Kidney and Pancreas Transplant Programs | **Last Review Date:** 05/04/2015 |

**Policy: Kidney/Pancreas Waitlist Communication Protocol**  
  
**Statement:** Policy Statement:  
As a member of the Organ Procurement and Transplant Network (OPTN)/United Network for Organ Sharing (UNOS), the kidney/pancreas program will adhere to OPTN/UNOS policy. It is OPTN/UNOS policy and thus Emory kidney and pancreas program policy that we will send written notification to patients within 10 business days of adding a candidate to the waitlist or removal of a candidate from the transplant waitlist for reasons other than transplant or death. In addition, we will notify all patients within 10 business days who have a status change on the waitlist. The center waitlist team will be available to provide contact, education and consultation to waitlisted recipient candidates when contacted for assistance.  
  
Administrative Responsibility  
It is the administrative responsibility of the transplant program’s manager to ensure that the transplant program is in compliance with this policy.  
  
  
**Scope/Procedure:**

1. All patients referred for transplant evaluation will be notified of their transplant candidacy in writing within 10 business days of determination of listing status; this letter will be copied to the patient’s referring nephrologist and dialysis unit and documented in the medical record. This notification will detail:

a. The patient’s approval for placement on the waitlist; or  
b. Our decision not to place the patient on the waitlist; or  
c. Our inability to make a determination regarding the patient’s placement on our waitlist because further clinical testing or documentation is needed.

2. Documentation will occur in the medical record for those individuals not placed on the waitlist, including the rationale for the decision. The coordinator will discuss with the patient any individual changes that he/she could make to meet the program’s selection criteria. This information will also be conveyed to the patient’s dialysis unit after the initial selection conference with updates via fax. If a patient on the waitlist is removed from the list for any reason other than death, communication of the removal will take place no later than 10 business days after the date the patient was removed from the waitlist. The medical director will dictate a letter to the patient and referring nephrologist concerning the delisting and the reason(s) for the decision, and this letter will be copied to the dialysis unit. Dependent upon the circumstance of the delisting action, the patient may be contacted by the coordinator and informed verbally of the delisting. Documentation will be placed in the medical record that the patient and dialysis facility were notified. A coordinator will be available for patient questions and concerns upon receipt of the waitlist removal letter.  
  
3. Should a patient’s waitlist status change from one of active to inactive (status 7) the coordinator will discuss the change with the patient and notify the dialysis facility within 10 business days of such change. The physician will dictate a letter to the patient and referring nephrologist concerning the status change and the reason(s) for the change, and this letter is copied to the dialysis unit.  
  
4. Should a patient’s waitlist status change from one of inactive to active the coordinator will discuss the change with the patient and notify the dialysis facility within 10 business days of such change. A letter is NOT required for this status change.

a. The transplant coordinator will re-conference the patient with the transplant selection committee prior to a waitlist status change from inactive to active, except as outlined below.  
b. There are 2 situations in which the transplant coordinator may change the patient’s status on the waitlist from inactive to active without discussing with the transplant selection committee:

i. Return of activation paperwork – If the patient was listed inactive for paperwork only and it is returned, the transplant coordinator may change the patient’s status to active.  
ii. Insurance authorization – If the patient is inactive on the waitlist for insurance issues only and the transplant coordinator is notified by the transplant financial coordinator that insurance authorization has been obtained, the transplant coordinator may change the patient’s status to active.

5. Patients are notified at the time of listing that it is our recommendation that they call the program every 6 months and speak with a waitlist coordinator. During this conversation, the following items may be discussed:

a. Verification on UNet of the patient’s status and accrual days and calculated panel reactive antibody.   
b. A review Histotrac and the status of monthly antibody samples.  
c. Verify address/phone/emergency contacts/nephrologist/dialysis unit.  
d. Changes in health since last phone contact.  
e. Review of current SRTR (Scientific Registry of Transplant Recipients) data.  
f. Informed consent issues including the re-evaluation process, right to refuse, risks of transplant, alternative treatments available, surgical procedure, recipient risk factors and Medicare Part B.   
g. If the patient is currently status 7, the coordinator will review all outstanding issues with the patient.

**Approved By**  
**Transplant Renal Leadership Group**  
**Revisions Reviewed & Accepted by Transplant Renal Leadership Group – 4/29/15**

|  |  |
| --- | --- |
| **Regulatory References:** | http://euhnotes.eushc.org/icons/ecblank.gif |

**Related Policies/Procedures:**   
  
  
  
**Approved By**  
**Transplant Leadership Group**